PTO/SB/21 (08-08) Approved for use through 09/30/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/978,224 Filing Date TRANSMITTAL 10/16/01 First Named Inventor **FORM** REUBEN BAHAR Art Unit 2143 Examiner Name BILGRAMI, ASGHAR H. (to be used for all correspondence after initial filing) Attorney Docket Number 6589-A-7 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ✓ Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Check no. 27341 in the amount of \$525.00 Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name CAHILL, VON HELLENS & GLAZER, P.L.C. Signature Printed name MARVIN A. GLAZER Date Reg. No. 9/24/08 28,801 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE rk Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known nt to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/978,224 **Application Number** FEE TRANSMITT*A* Filing Date 10/16/2001 For FY 2008 First Named Inventor **REUBEN BAHAR Examiner Name** BILGRAMI, ASGHAR H. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2143 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 6589-A-7 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 030088 Deposit Account Name: Cahill, von Hellens & Gla For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 130 65 50 Plant 210 105 310 160 155 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) - 20 or HP = 0 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) 7 - 3 or HP = 0 _ x 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) Fee Paid (\$) 0 - 100 = 0 / 50 = 0 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Three-Month Extension \$525.00

SUBMITTED BY Registration No. 28,801 Telephone (602) 956-7000 Signature (Attorney/Agent) Date 9/24/08 Name (Print/Type) Marvin A. Glazer

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